

Think, feel, do

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Think Feel Do is a facilitated computerised cognitive behaviour therapy (cCBT) programme for children aged 8–16 years with emotional disorders. The programme consists of six, 30–45 minute sessions focusing upon emotional recognition and management; linking thoughts, feelings and behaviours; identifying and challenging unhelpful thoughts; and problem solving. The programme is highly interactive and involves quizzes, video clips and animation. This presentation will describe the development of the programme and the attitudes of young people, parents and clinicians to cCBT. Results from three small pilot trials will be presented and attendees will have an opportunity to interact with the programme.

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Mo-S-257

BRAVE: Kids fighting fears in online therapy

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On February 22, 2011, the Canterbury region in the South Island of New Zealand suffered a devastating earthquake, which resulted in a loss of life, injuries and significant destruction of the city's infrastructure, homes and businesses. Since then, the 8,000 plus aftershocks have led to a marked increase in hyper-arousal, anxiety and clingy behaviour in Canterbury children. It is challenging for the psychological services to meet the increased needs of the community because of a shortage of therapists, widespread property destruction and population movement. In addition, many of the families who are struggling, have not traditionally sought help from psychological services or are reluctant to seek help because of the associated stigma. The effectiveness of BRAVE in the Australian trials, coupled with the increased need for accessible effective treatment has led to a collaborative trial of BRAVE in New Zealand. We will describe the ongoing open trial of BRAVE in Canterbury and outline the challenges and benefits of delivering an innovative therapy in a post-disaster environment.

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Depression prevention by mobile phone: Texting for the future?

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MEMO is a CBT-based multimedia messaging intervention that is delivered solely over the mobile phone. An expert group developed key CBT messages considered appropriate for delivery by mobile phone, which were embedded in everyday teen contexts based on enhancing self-efficacy to deal with issues and life events using cognitive techniques (from social cognitive theory). Observational learning drove the use of video diary messages from other "ordinary" teens facing typical issues and using the techniques to feel more positive, prompting use of these techniques by the observer. Learning technology theory guided the use of weekly challenges to try techniques out and a mobile website. The key messages were repeated in different formats (video diaries, video messages from celebrities, animated "mobisodes", text) to enhance engagement and appeal to different cohorts of participants. We will demonstrate this intervention and

trial in New Zealand.

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Mo-S-259

Online therapy for youth anxiety works! An overview of the evidence for brave-online and predictors of therapy outcome

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Anxiety disorders are highly prevalent in youth and are associated with significant adverse outcomes. Although the efficacy of cognitive-behavioral therapy (CBT) has been well established, many youth, particularly those in rural and remote areas, are unable to access such specialized CBT interventions. Online CBT shows particular promise for young people who are typically technologically proficient. BRAVE-ONLINE is an internet-based CBT program for the treatment of anxiety disorders in youth aged between 7 and 18 years. This paper describes the development and evaluation of BRAVE-ONLINE to date and will present evidence from three randomized controlled trials to support its efficacy. The results of these studies show that the BRAVE-ONLINE program is superior to a wait-list control in reducing anxiety symptoms and demonstrates similar rates of efficacy to clinic-based therapy. In addition, this paper will also present data relating to user feedback and factors predicting therapy outcome (in particular, compliance, working alliance, family factors and diagnostic complexity). Implications for clinical practice will also be discussed.

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Children of parents with a mental illness

Mo-S-261

Parental mental health problems, substance use, poverty and criminality in families – a call for policy, services and effective methods

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Regardless of the prosperity of the country, families struggle with mental and physical health and substance use problems, poverty and criminality. All these tax parenting and impact on child development. Prevention in child mental health is often thought of in terms of specific interventions. However, prevention entails changes in thinking, attitudes, systems and methods. This presentation analyses and discusses the Effective Child & Family Program active since 2001. The Programme aims to change services for adults to take responsibility of patients' children, to prevent children's problems and to build cross-sectoral community based services for families with multiple needs. A Method Family with interventions of different intensity has been developed, with research on effectiveness. The Program has been successful. It is now mainstream practice in psychiatric services for adults to discuss and support children. Municipalities active in the Program have developed strategies/policies and infrastructure for working across sectors.

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